



COMMONWEALTH OF VIRGINIA
Tobacco Product Manufacturer Certification for Non-Participating Manufacturers

Part 1: Type of Certification (*check one*)

- ☐ Initial Certification
- ☐ Annual Certification for Sales Year _____ (Due by April 30 each year)
- ☐ Supplemental Certification (Due thirty (30) days prior to any change in Certification)

Part 2: Tobacco Product Manufacturer Identification

Full Legal Name: _____

Trading As (list all names ever used): _____

Federal Employers Identification Number: _____

Federal Tobacco Manufacturer Permit Number: _____

Physical Address: _____

Mailing Address: _____

Company Phone: _____

Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

State/Country where Incorporated or Registered: _____

Name, Title and Dates of Service for all Current and Past Officers, Directors and/or Partners:

If the Tobacco Product Manufacturer is represented by outside counsel for the purpose of compliance with Va. Code § 3.1-336.1 et seq., provide the following information:

Firm: _____

Attorney: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Part 3: Registered Agent for Service of Process within the Commonwealth of Virginia

Agent: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

- **A current statement from the registered agent certifying service in this capacity must be attached to the Certification.**

Part 4: Fabricator Identification (*check one*)

- ☐ Tobacco Product Manufacturer is the actual fabricator of the Brand Family(s) it seeks to certify.
- ☐ Tobacco Product Manufacturer causes the Brand Family(s) to be fabricated by another entity.
- **If the Tobacco Product Manufacturer is not the actual fabricator, the name and address of the actual fabricator must be provided and a copy of the manufacturing contract must be attached to the Certification.**
- **A list of every Brand Family the Tobacco Product Manufacturer has fabricated, or caused to be fabricated by another entity, since July 1, 1999 must be attached to the Certification. Indicate with an asterisk (*) any Brand Family not being sold in the current calendar year, and identify whether such Brand Family is still being manufactured and by what entity.**

Part 5: Brand Family Identification and Certification**A. Brand Family(s) (attach supplemental pages if needed)**

Brand Family	Units Sold in Virginia in Previous Calendar Year	Actual and/or Previous Fabricator (if different from Tobacco Product Manufacturer)

TOTAL: _____

- For each Brand Family, list every Brand Style for which certification is being sought.
- For each Brand Style, actual packaging must be included with the original Certification submitted to the Attorney General. If the Tobacco Product Manufacturer has previously submitted such packaging and such packaging has not been changed, no resubmission is required.

☐ Tobacco Product Manufacturer's previously submitted packaging for each brand family has not been changed.

B. Brand Family Compliance with Federal Law

- For each Brand Family and Brand Style (cigarettes only), provide a copy of the current Federal Trade Commission Health Warning Rotation Plan Approval letter.

Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580
<http://www.ftc.gov>

- For each Brand Family and Brand Style, provide a copy of the current Centers for Disease Control and Prevention Certificate of Compliance and Ingredient Report.

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30333
<http://www.cdc.gov>

- For each Brand Family (and Brand Style, if applicable), provide evidence of trademark ownership.

United States Patent and Trademark Office
Mail Stop USPTO Contact Center
P.O. Box 1450
Alexandria, Virginia 22313-1450
<http://www.uspto.gov>

Part 6: Stamping Agent Identification (*attach supplemental pages if needed*)

Name, Address and Phone	Brand Family(s)

Part 7: Qualified Escrow Fund**A. Financial Institution**

Agent: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Account: _____

Commonwealth of Virginia (Sub)Account: _____

- The current Escrow Agreement and any amendments thereto must be approved by the Attorney General of Virginia before the Tobacco Product Manufacturer can be certified. A copy of the current Escrow Agreement and any amendments thereto must be attached to this Certification.

B. Escrow History for the Commonwealth of Virginia (Sub)Account
(attach supplemental pages if needed)

DATE	DEPOSIT	WITHDRAWAL	BALANCE

TOTALS _____

- A current account ledger and a statement from the Escrow Agent verifying all current calendar year transaction records for the Commonwealth of Virginia (sub)account must be attached to the Certification. Any withdrawal must comply with Va. Code § 3.1-336.1(B).

Part 8: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)

Under penalty of perjury, I state that (1) the Tobacco Product Manufacturer, as of the date of this Certification, is a Non-Participating Manufacturer in full compliance with all applicable sections of Va. Code §§ 3.1-336.1 through 3.1-336.16; (2) I have examined this Certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct and complete; (3) I understand that the Tobacco Product Manufacturer is required to comply with state and federal laws concerning the sale of tobacco products; (4) I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Virginia Tobacco Directory; and (4) I am a qualified company officer authorized to bind the Tobacco Product Manufacturer making this Certification.

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Date: _____ Signature: _____

Notary:

City/County of _____
Subscribed and sworn to before me on this date: _____

Signature: _____
My commission expires: _____

Mail this original fully executed Certification, including attachments and supporting documents to:

Tobacco Unit
Office of the Attorney General
900 East Main Street
Richmond, Virginia 23219

Mail a copy of the Certification to:

Tobacco Tax Unit
Virginia Department of Taxation
P.O. Box 715
Richmond, Virginia 23218-0715

Additional information is available at:

<http://www.vaag.com>